## QPP 491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

**If an MMR/MSI panel is done on a biopsy and the patient then has a resection, do the results need to be restated on the resection specimen in order for this measure to be met? Or, would this be an exception? Can the pathologist just make a statement on the resection specimen stating that the MMR/MSI panel was done on the biopsy without inserting previous results?**

> We do not need the results of the previous MMR/MSI test. We just require a not saying that the test was done on the biopsy. “Previously performed” is a Met condition, so you should not mark that as an exception.

**Is the Z15.0 diagnosis code missing a digit? The code Z15.0 is an incomplete code and should be 5 digits.**

> The code Z15.0 is not allowable for reimbursement purposes. We accept Z15.04 and Z15.09, genetic susceptibility to malignant neoplasm of endometrium and genetic susceptibility to other malignant neoplasm, respectively. However, we do not think these codes are widely used.

**Does recommending the MMR/MSI test still meet the measure requirements?**

> Yes. To meet the numerator requirements, the status of the MMR by IHC (MLH1, MSH2, MSH6, and PMS2) and/or MSI by DNA-based testing must be addressed in the pathology report. This includes a statement about recommending the test, the test cannot be performed, or the test was previously performed.

**We send out colorectal carcinoma cases for biomarker testing at a reference lab. Do I have to separately document the results provided by the reference lab to meet this measure?**

> No. A statement that includes MMR/MSI testing is recommended, or testing is sent out to a reference laboratory is sufficient to meet the measure. Actual results from the reference lab are strongly encouraged but not required.

**The ordering clinician noted in the order that this patient will not be receiving treatment. Normally we do not do biomarker testing for patients who will not be receiving treatment. Should I do the test in order to meet the measure?**

> No. This case is an exception, meaning that it will not be part of the performance rate calculation. Patients in hospice or otherwise noted as not receiving treatment are an exception, as are patients who decline testing, payor-related limitations on

testing, and other medical reasons that testing was not done. This is indicated in the Webtool version of this measure as “Medical Reasons”.

**Do we have to do both MMR and MSI testing to meet this measure?**

No, testing for one is sufficient. Either DNA-based testing for MSI or IHC for the four MMR proteins.

**Most of the oncologists at our institution only order MMR/MSI testing when the patient has a family history of cancer. Since these are the suspected Lynch cases, is it okay that we only do MMR/MSI on those cases?**

The recommendations from CAP, ASCO, AMP, ASCP and NCCN are to perform MMR/MSI testing on all patients (except those previously tested for or diagnosed with Lynch syndrome) with colorectal, endometrial, gastroesophageal, or small bowel cancer, not just those with a family history of cancer.

If testing is only performed on patients with a family history, only those patients meet the measure, but all cases of colorectal, endometrial, gastroesophageal, or small bowel carcinoma should be included in the denominator.

**The oncologist noted that this gastric cancer patient is not a candidate for checkpoint inhibitor therapy. Therefore, I didn’t recommend MMR/MSI testing. Is that considered Not Met for this measure?**

No. MMR/MSI testing is not indicated for this patient. This case would be an Exception; “testing not indicated” is considered a medical reason for not documenting testing status.